

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60	/					
11							61		/				
12							62		/				
13							63		/				
14							64	/					
15							65		/				
16							66		/				
17							67		/				
18							68	/					
19							69		/				
20							70		/				
21							71		/				
22							72		/				
23							73		/				
24							74		/				
25							75		/				
26							76	/					
27							77		/				
28							78		/				
29							79		/				
30							80		/				
31							81		/				
32							82		/				
33							83		/				
34							84		/				
35							85		/				
36							86		/				
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.	4					
TOTAL DEP.							TOTAL DEP.	23					
TOTAL CLAIMS							TOTAL CLAIMS	27					